an above average exercise tolerance in a three-mile run and plays the trumpet in an orchestra. X-ray studies of the upper gastrointestinal tract, including Trendelenburg positioning, show that the Dacron esophageal crura have enlarged in correlation with the young man's normal growth and still maintain correct abdominal positioning of the stomach to prevent esophageal reflux.

## Comment

The small Dacron porous graft used for the esophageal crura and diaphragm continued to enlarge in a normal growth and contour pattern over 18 years, acting as an efficient mechanism to prevent esophageal reflux. Because the graft expanded in normal stages esophageal obstruction did not occur. The gradual enlargement of the synthetic diaphragm prevented deformity of the rib margin, and the diaphragm was able to move passively as in an inherent structure without phrenic innervation.

## Summary

Synthetic Dacron mesh used to replace the congenitally absent esophageal crura and diaphragm enlarged as part of a normal growth pattern over 18 years from the patient's birth to adulthood. This suggests that the growth and contour pattern of a small mesh graft in a newborn may be favorably influenced by ingrowth of the surrounding tissues, leading to a large, normally contoured graft in the adult as occurred in this first reported case of successful treatment for agenesis of the diaphragm and esophageal crura.

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## Treatment and Prevention of Pelvic Infection

CAN WE START to prevent infectious processes? Yes, we can. We have to think about what we are doing. Can we lower the amount of bacteria? Yes, we can if we use a lavage in some of our patients, if we select our patients appropriately and if we drain correctly. We should not use, for example, a two-way drain (such as a Penrose). If we can use a closed vacuum system, it does lower wound infection. . . . What I use primarily is a cholecystectomy T-tube. It works very nicely. If you are doing an abdominal hysterectomy, you can use a #16 T-tube. It will fit very nicely on a Hemovac. . . . There are other closed-system drains that can be used; these are far superior to the Penrose type of drainage. Can we do other things? Yes, we can. What about shaving our patient just before the operative procedure? Here again, looking at close to 40,000 wounds has shown that shaving the night before doubles the clean-contamination rate. . . . What has been shown very recently is that the last and most important step is that the oxidating metabolic step that is required for bacterial killing is inactivated in the reducing environment of abscess and of deep soft tissue infection. But most important, we need to go back to some of the teachings of Semmelweis and Halsted: we must maintain good surgical techniques, not leave large pedicles, not leave dead space, utilize minimal amount of surgical material, understand what a foreign body (such as an IUD) really is and think about what we are doing to our patients. Then, we can start to understand infection and start to prevent it.

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